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STATE OF NEW JERSEY  
DEPARTMENT OF LAW AND PUBLIC  
SAFETY  
DIVISION OF CONSUMER AFFAIRS  
STATE BOARD OF DENTISTRY  
DOCKET NO.

In the Matter of	)	
	)	Administrative Action
ANGELO CECE, D.D.S.	)	
	)	CONSENT ORDER
Licensed to Practice Dentistry	)	
in the State of New Jersey	)	
_____	)	

This matter was opened to the New Jersey State Board of Dentistry ("Board") upon receipt of information disclosing the results of several fee verification audits conducted by the Board as well as by Delta Dental Plan of New Jersey, Inc. ("Delta"), Blue Cross and Blue Shield of New Jersey Dental Program ("BC/BS"), and Prudential Insurance Company Dental Plan ("Prudential") at the offices of Angelo Cece, D.D.S. and Robert Harris, D.D.S., d/b/a Irvington Dental Group, located at 566 Nye Avenue, Irvington, New Jersey. A review of the records of these audits by the Board disclosed that in the period 1986-1987 Dr. Cece and Dr. Harris made reimbursements for overpayments upon demand by Delta, BC/BS, and Prudential. The records also disclosed the results of dental examinations of Irvington Dental Group patients who also were employees of BC/BS in regard to treatment rendered in the period 1987 to 1991 which demonstrated overpayment by BC/BS on dental

claims submitted by Dr. Cece and Dr. Harris. The Board also reviewed the results of the audits of various patient records conducted by the Enforcement Bureau, Division of Consumer Affairs, on December 13, 1993 and August 11, 1994.

A review of all of the aforementioned records by the Board revealed repeated instances of submissions of insurance claim forms by Dr. Cece and Dr. Harris which contained one or more of the following: (1) treatment dates which did not accurately reflect the date when the service or procedure was actually completed; (2) descriptions of dental services or procedures which did not accurately reflect the actual work completed; (3) discrepancies between the fee charged to the patient and the fee set forth in the claim form; and (4) no records for patients for whom insurance claims were made. Further, the Board has received information that the Irvington Dental Group has agreed to settle claims made by the New Jersey Department of Insurance, Insurance Fraud Division, by consenting to pay a civil penalty.

It appearing that the parties wish to resolve this matter concerning the aforementioned fee verification audits without recourse to formal proceedings and for good cause shown;

IT IS ON THIS 29<sup>th</sup> DAY OF AUGUST, 1995,

HEREBY ORDERED AND AGREED THAT:

1. The license of the respondent to practice dentistry in the State of New Jersey shall be and is hereby suspended for a period of five (5) years. Eighty-nine (89) days of this suspension shall be active and shall commence on <sup>NOVEMBER 1</sup> ~~October 1~~, 1995. The remaining *cc* period of suspension shall be stayed and constitute a probationary period. The respondent shall derive no financial remuneration directly

or indirectly related to patient fees paid for dental services rendered during the period of active suspension by other licensees for patients of respondent's practice. Respondent shall not be permitted to enter upon the premises of the dental facility during the period of active suspension or provide any consultation to other licensees rendering treatment to patients of the respondent or sign or submit insurance claim forms for treatment rendered during the period of active suspension or render other administrative or supervisory duties during the period of active suspension.

2. Respondent is hereby assessed a civil penalty in the amount of Twelve Thousand Five Hundred (\$12,500) Dollars. The civil penalty shall be submitted by certified check or money order made payable to the State of New Jersey and submitted to the Board of Dentistry on a payment schedule as follows:

October 1, 1995	-	\$6,250
April 1, 1996	-	\$3,125
December 1, 1996	-	\$3,125

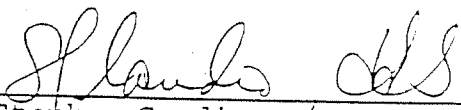
Any failure to make a payment when due shall cause the entire remaining balance to become immediately due and payable.

3. Random and unannounced audits of respondent's patient records and billing records may be conducted by the Board's designees at the Board's discretion and at the expense of the respondent for the entire probationary period. On demand made, respondent shall immediately make available all records necessary to conduct the audit as determined by the Board or its designees. The cost of each such audit shall be based on the standard hourly rate for the Board's investigators prevailing at the time of the audit and shall be due and payable within thirty (30) days of the respondent's receipt of a

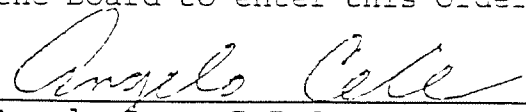
statement of such costs from the Executive Director of the Board setting forth the hourly rate and the total hours for the audit. Respondent represents herein that all patient and billing records are maintained at the Irvington Dental Group, 566 Nye Avenue, Irvington, New Jersey. The audits provided for herein shall be conducted in a reasonable manner so as not to disrupt the treatment of patients. In the event the Board receives a report of audit results indicating any errors, discrepancies or concerns raised as to any audited file, respondent shall be provided with a reasonable opportunity to explain, correct or otherwise respond to any such audit results, prior to any disciplinary action by the Board. However, nothing herein shall preclude the Board from taking disciplinary action subsequent to such opportunity. The audits provided for herein shall take place no more frequently than two times per year so long as there are no discrepancies or other concerns raised as to the two audits in any year.

4. Respondent shall cease and desist from any and all misrepresentation, fraud, deception or any other unlawful act in connection with the submission of insurance claims on behalf of patients in any manner whatsoever including, but not limited to, treatment dates which do not reflect accurately the date when the service or procedure was actually completed, description of dental services or procedures which do not accurately reflect the actual work completed, discrepancies between the fee charged to the patient and the fee set forth in the claim form, and failure to maintain records for patients for whom insurance claims are made.

5. Respondent is hereby reprimanded and cautioned that more serious penalties may be imposed in the event subsequent complaints of a similar nature are filed against him.

  
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Stephen Candio, D.D.S.  
President  
State Board of Dentistry

I have read and understand  
the within Order and agree  
to be bound by its terms.  
Consent is hereby given to  
the Board to enter this Order.

  
\_\_\_\_\_  
Angelo Cece, D.D.S.